

AIA SINGAPORE PRIVATE LIMITED
CITIBANK CREDIT INSURE GOLD

POLICY SCHEDULE

Policyholder: Citibank Singapore Limited
Policy Number: 79656

Benefits		Amount Covered
1.	Death Benefit & Critical Illness Benefit Upon due proof of Insured Person's Death, or Diagnosis of Critical Illness (whichever occurs first), the sum assured will be payable in a lump sum.	[4 x Indebtedness as at date of Death/Diagnosis of Critical Illness (whichever is applicable)] + a maximum of interest accrued for two (2) months after the date of Death/Diagnosis of Critical Illness (whichever is applicable), subject to a cap of S\$80,000 or 2.4 times of Insured Person's Credit Limit, whichever is lower.
2	Hospitalisation Income Benefit A lump sum benefit shall be paid if the Insured Person is hospitalised for at least seven (7) consecutive days within the Period of Insurance.	1 x Indebtedness as at the first day of Hospitalization, subject to a cap of S\$3,000 for each period of Hospitalization.

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PART I – DEFINITIONS

In this policy where consistent with the context, the singular shall include the plural and the plural the singular; words importing the masculine gender shall include the feminine gender; and each of the following words and expressions shall have the following meanings:

1. **“Accident”** shall mean an unforeseen event, which is caused solely and directly by external, violent, sudden and accidental means.
2. **“Benefit”** shall mean a Death Benefit, Critical Illness Benefit or Hospitalisation Income Benefit (whichever is applicable).
3. **“Certificate of Nomination”** shall mean the Policy Schedule and provisions comprised in this document issued for the coverage of the Insured Person.
4. **“Citibank”** shall mean Citibank Singapore Limited with its registered address at 5 Changi Business Park Crescent #05-00, Singapore 486027.
5. **“Commencement Date”** shall mean the date the Insurance is issued.
6. **“Credit”** shall mean the credit or other form of financial accommodation provided by Us to Insured Person under the Facility.
7. **“Credit Card” or “Credit Card Facility”** shall mean the Citibank credit card facility, which has been nominated as the facility to which Insurance is to apply.
8. **“Credit Limit”** shall mean such limit of credit as may be provided by Us to Insured Person under each Facility.
9. **“Company”** shall mean AIA Singapore Private Limited, including its assigns and successors.
10. **“Critical Illness”** shall mean illnesses or surgical procedures falling within the definitions and fulfilling the criteria set out in Part VII – Schedule of Critical Illness. The date of diagnosis of the Critical Illnesses or the date of diagnosis of conditions leading to performance of surgical procedures for the Critical Illnesses was made within 90 days from the later of the Effective Date of Coverage.
11. **“Date of Diagnosis”** for conditions that pay a benefit on surgical procedure, this “date of diagnosis” shall refer to the date of diagnosis of the medical condition that leads to the surgical procedure, and not to the date of surgical procedure.
12. **“Effective Date of Coverage”** shall mean the date an Eligible Person becomes an Insured Person under this Policy.
13. **“Facility”** means Insured Person's Credit Card Facility or Unsecured Credit Facility (as the case may be).
14. **“Hospital”** shall refer exclusively to an institution duly licensed as such and operated pursuant to law for the care and treatment of sick and injured persons as registered bed patients, with facilities for diagnosis and major surgery, which is under the supervision of one or more Registered Medical Practitioners, and which has 24 hours a day professional nursing service. “Hospital” does not include any institution or that portion of any institution which is operated as a convalescent or nursing home, rest home, home for the aged, a place for alcoholics or drug addicts, or for any similar purpose.
15. **“Hospital Confinement”** shall mean confinement in a Hospital for at least seven (7) consecutive days which the Hospital makes a charge for room and board.
16. **“Indebtedness”** means the sum of the following items:
 - (i) the closing balance including any expenses of supplementary cardholders shown on the last billing statement issued prior to the Insured Person's Death or Diagnosis of Critical Illness or first day of Hospital Confinement; and

(ii) an amount equal to any authorised transactions made prior to Insured Person's Death or Diagnosis of Critical Illness or first day of Hospital Confinement, not included in the billing statement referred to at 16(i), and

(iii) where Insured Person has, as at Death, Diagnosis of Critical Illness or first day of Hospital Confinement (whichever is applicable), an arrangement with Citibank to repay a fixed monthly instalment plan and each instalment is charged to his or her Facility (including but not limited to arrangements relating to retail purchases, personal loans and bank transfers), an amount equal to the unpaid instalment(s). "Unpaid instalments", means instalment(s) which have neither been included in the statement of account nor paid by the Insured Person, and comprises of unbilled principal.

17. **"Injury"** shall mean bodily injury which is caused solely and directly by Accident occurring after the Effective Date of Coverage.
18. **"Insurance"** means the cover under Credit Insure Gold Insurance Group Policy No. 79656 provided by the Company to the Insured Person in respect of the amount outstanding under the Facility.
19. **"Insured Person"** shall mean Eligible Person, who, in accordance with the provisions of Part II Section A, is participating in and covered under this Policy.
20. **"Master Policy"** means the master group insurance policy number 79656 issued by the Company to Citibank.
21. **"Permanent Neurological Deficit"** shall mean symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the lifetime of the Life Assured. Symptoms that are covered include numbness, paralysis, localized weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.
- Permanent means expected to last throughout the lifetime of the Insured Person.
22. **"Period of Insurance"** means the period of coverage of the Insured Person commencing from the Effective Date of Coverage.
23. **"Pre-existing Condition"** shall mean the following:
- (i) for the purpose of Death Benefit and Hospitalisation Income Benefit, means any condition that was diagnosed, treated, or for which a Registered Medical Practitioner was consulted; or the existence of any injuries, illnesses, disease or symptoms of the conditions whether known or unknown to the insured that existed prior to the Effective Date of Coverage-
 - (ii) for the purpose of Critical Illness, means any condition that was diagnosed, treated, or for which a Registered Medical Practitioner was consulted; or the existence of any injuries, illnesses, disease or symptoms of the conditions whether known or unknown to Insured that existed twelve (12) months prior to the Effective Date of Coverage.
24. **"Premium" or "Premiums"** mean any and all premiums payable under this Policy by Us to the Company in respect of the Insured Person .
25. **"Policy"** shall mean this Certificate of Nomination and the Master Policy, any riders or endorsements therein, any amendments thereto signed by the Company, , and the individual enrolment forms, if any, of the Insured Persons, which together constitute the entire contract between the parties.
26. **"Registered Medical Practitioner"** shall mean only a person qualified by a degree in western medicine and legally authorized in the geographical area of his practice to render medical or surgical services, and who is not: (i) the insured, or (ii) a member of his immediate family, or (iii) other relative of the insured, or (iv) business partner of the insured.

27. **"Sickness"** shall mean a physical condition marked by a pathological deviation from the normal healthy state.
28. **"Specialist"** shall mean a Registered Medical Practitioner who specializes in a specific area in a medical field, and who is not: (i) the insured, or (ii) a member of his immediate family, or (iii) other relative of the insured or (iv) business partner of the insured.
29. **"Unsecured Credit Facility"** means a Citibank Ready Credit Account, Citibank Power Cash Account, Citibank Ready Credit SmartCash or Citibank UltraCash Account (as the case may be) to which Insurance is to apply.
30. **"We", "Our", "Us" or "Policyholder"** means Citibank Singapore Limited, a company incorporated in Singapore and licensed under the Banking Act, Chapter 19 of Singapore with registered office at 5 Changi Business Park Crescent #05-00, Singapore 486027 and our successors and assigns.

PART II – ELIGIBILITY AND TERMINATION

Section A – Eligibility

1. To be eligible for cover under this Policy, an Insured Person at the time of the Effective Date of Coverage:
 - i. must be the basic account holder of a Credit Card Facility or the account holder for Unsecured Credit Facility or the first named person in that account in the case of joint accounts; and
 - ii. must be aged between 21 years old (age last birthday) and 59 years old (age last birthday).Coverage is renewable for up to the Insured Person having attained 64 years old (age last birthday).

Section B – Termination

The insurance hereunder of any Insured Person shall automatically cease on the earliest of the following dates:

1. Non-payment of premiums by the Insured Person for a period of sixty (60) days after the premiums have become due.
2. The Insured Person having attained the age of 65.
3. The date of payment of the insured amount for the Death Benefit, or Critical Illness Benefit, whichever occurs earliest.
4. The Insured Person's Credit Card Facility or Unsecured Credit Facility had been cancelled with written notice from Us to the Insured Person.
5. The Insured Person's written notice for termination of coverage at any time by giving Us 7 days' notice period. Such termination shall become effective on the date notice is received by Us or on the date specified in such notice, whichever is later.

PART III – BENEFIT PROVISIONS

Section A – Death Benefit and Critical Illness Benefit

Upon due proof of the Insured Person's Death, or Diagnosis of Critical Illness (whichever occurs first), the sum assured will be payable in a lump sum.

The Company will pay to Us an amount computed as follows:

[4 x Indebtedness as at date of Death/Diagnosis of Critical Illness (whichever is applicable)] + a maximum of interest accrued for two (2) months after the date of Death/Diagnosis of Critical Illness (whichever is applicable), subject to a cap of S\$80,000 or 2.4 times of Insured Person's Credit Limit, whichever is lower.

We will deduct from the amount paid to Us by the Company what is owing to Us under the Facility and pay the Insured Person or his estate (as the case may be) the remainder (if any).

Section B – Hospitalisation Income Benefit

The Company shall pay a lump sum benefit computed as follows if the Insured Person is hospitalised for at least seven (7) consecutive days within the Period of Insurance.

[1 x Indebtedness as at the first day of Hospital Confinement], subject to a cap of S\$3,000 for each period of Hospital Confinement.

Payment of the Hospitalisation Income Benefit does not automatically terminate the Insured Person's coverage for other benefits under this Policy.

Section C – Limitation on Payment of Benefits

The maximum payable for Death Benefit or Critical Illness on each Facility shall not exceed S\$80,000 or 2.4 times of Insured Person's Credit Limit, whichever is less.

The maximum payable for any Hospital Income Benefit shall not exceed S\$3,000. If an illness or Injury enables Insured Person to qualify for more than one Benefit, only one Benefit will be paid, being the higher Benefit applicable.

PART IV - EXCLUSIONS

Section A – Death Benefit

No benefit will be payable under this Policy in respect of an Insured Person where death occurs as a result of:

- (i) death by suicide within twelve (12) months of the Effective Date of Coverage;
- (ii) any deliberate self-inflicted Injury;
- (iii) any Accident occurring on or in or about any aircraft other than an aircraft in which the Insured Person was travelling as a fare paying passenger and which is operated by a licensed commercial or chartered airline;
- (iv) riot, civil commotion, strikes and war (whether war be declared or not);
- (v) the influence of alcohol or drugs, or drugs overdose (whether intentional, accidental or otherwise)
- (vi) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) as defined by the World Health Organisation from time to time, or the presence of the Human Immune deficiency Virus (HIV) as revealed by the positive HIV anti-body or HIV Test;
- (vii) death caused directly or indirectly by a Pre-existing Condition.

Section B – Critical Illness Benefit

No benefit will be payable under this Policy in respect of an Insured Person if the Critical Illness occurs as a result of:

- (i) a Critical Illness diagnosed within ninety (90) days of the Effective Date of Coverage;
- (ii) a Critical Illness caused directly or indirectly by a Pre-existing Condition

Section C – Hospitalisation Income Benefit

No benefits will be payable under this Policy if the Hospital Confinement is due to/caused by:

- (i) suicide, attempt at suicide, self-inflicted Injury, Injury from deliberate exposure to exceptional danger (except in an attempt to save human life), or Injury sustained whilst the Insured Person is in a state of insanity;
- (ii) any disease or sickness occurring within twenty-eight (28) days of the Effective Date of Coverage
- (iii) the Insured Person being under the influence of any narcotic, alcohol, gas or fumes, voluntarily taken, administered, absorbed or inhaled or drug overdose (whether intentional, accidental or otherwise);
- (iv) any Injury sustained by the Insured Person while committing or attempting to commit an offence or in resisting arrest by a law enforcement officer;
- (v) any Pre-existing Condition or complications arising from Pre-existing Condition;
- (vi) any bodily Injury resulting from Accident(s) occurring prior to the Effective Date of Coverage;
- (vii) congenital anomalies and physical defects since birth;
- (viii) hospitalization for diagnostic and observation purposes only;

- (ix) routine health check, or any other examinations or investigations not directly related to admission, diagnosis, sickness or Injury;
- (x) dental care or surgery, cosmetic, plastic surgery or elective surgery;
- (xi) mental, psychiatric, nervous disorders, sleep disturbance disorders, obesity, weight reduction or weight improvement, alcoholism and drug related treatment; or any complications arising from drug abuse;
- (xii) sexually transmitted diseases and any treatment or test in connection with Human Immunodeficiency Virus (HIV) Infection and all HIV infection-related conditions or diseases, except 1) HIV infection acquired through blood transfusion in Singapore, or 2) HIV acquired while performing regular professional duties in a medical profession in Singapore;
- (xiii) tests or treatment relating to infertility, contraception, sterilization, impotence, sexual dysfunction, sex change operations; treatment or surgical procedures sought at fertility clinics, in-vitro fertilization clinics, reproductive assistance clinics or centres and reproductive medicine clinics or centres; treatment resulting from pregnancy, childbirth, miscarriage, abortion and all related complications.
- (xiv) a Hospital Confinement that occurs within twelve (12) months of the previous discharge from Hospital and a claim had been admitted on that preceding Hospital Confinement.

PART V – CLAIMS PROVISIONS

Section A – Filing Proof of Loss

The Company must be notified through the submission of a completed claim form and other proof of loss documents as may be determined by the Company to its satisfaction. Such claim submission and proof of loss must be filed with the Company within 365 days after the date of such loss and there must be sufficient particulars to enable the Company to identify the insured, the occurrence, nature and extent of the loss. The occurrence of a covered event must be proven to the Company's satisfaction at the Insured Person's own expense.

1. Any medical adviser of the Company or Registered Medical Practitioner acceptable to the Company shall be allowed to examine the insured at the insured's expense in such manner and at the times such medical adviser, Registered Medical Practitioner or the Company may require. If the insured is residing in a country outside Singapore, the Company may at its discretion require the insured to come to Singapore for medical examinations by a Registered Medical Practitioner in Singapore.
2. Proof of the date of birth of the insured must be furnished to the Company before any claim will be admitted or payable. If the date of birth and/or age of any insured notified to the Company is incorrect, the Company shall not be liable to pay more than the amount which would be payable under this Policy if the date of birth and/or age had been correctly stated.

Section B – Proof of Indebtedness

In determining the amount of the Benefit, the Company will accept as conclusive and binding, and will act upon any statement in writing which has been signed for or on Our behalf by a responsible officer, as to the Insured Person's inclusion in this Insurance and the amount of the Insured Person's Indebtedness.

Section C – Payment of Benefits

1. All payments for benefits under this Policy shall be made to Us, unless expressly stated otherwise, and the Insured Person by participating in this Insurance agrees that the Company may pay Us directly if a Benefit is payable. We will pay the Insured Person or his estate the remaining amount (if applicable) after deducting the amount of the Indebtedness from the amount paid by the Company.
2. Payment made in accordance with this Section shall release the Company of all liabilities for that relevant insured under this Policy.
3. Payment of all claims and benefits will be made in the currency in which this Policy is effected. Charges incurred in any other currency shall be payable in Singapore Dollars, or currency of the Policy on the basis of the prevailing rate used by the Company on the date the claims were processed.

PART VI - GENERAL PROVISIONS

Section A – Premium Payments

The premium is payable to the Company on each premium due date, unless otherwise specified by the Company in writing.

All premiums shall be borne by the Insured Person and paid to Us monthly by deduction from the Insured Person's Facility. The due date for payment each month shall be a day of the month determined by Us from time to time.

The premium payable shall be based on the sum of the following:

- (i) the closing balance shown on the Facility's statement of account each month; and
- (ii) where the Insured Person has, an arrangement with Citibank to repay a fixed monthly instalment plan and each instalment is charged to his or her Facility (including but not limited to arrangements relating to retail purchases, personal loans and bank transfers), an amount equal to the unpaid instalment(s). "Unpaid instalments", means instalment(s) which have neither been included in the statement of account nor paid by the Insured Person, and comprises of unbilled principal.

The Premium payable shall not exceed S\$84.00. The Premium rate of S\$0.42/S\$100.00 is subject to revision by Company.

Section B – Policy Owners' Protection Scheme

The Policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this Policy is automatic, and no further action is required from the Policyholder.

Section C – Free Look

The Insured Person has 30 days from the date of receipt of the Certificate of Nomination to decide whether to continue with the coverage.

If the Insured Person does not wish to continue with the coverage, he may cancel the coverage and obtain a refund of premiums paid without interest, less any and all medical expenses incurred in considering his application.

If the Certificate of Nomination had been posted to the Insured Person, the 30-day free-look period will start seven (7) days from the date the Policyholder posted out the Certificate of Nomination.

PART VII- SCHEDULE OF CRITICAL ILLNESS

1. Major Cancer

A malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells with invasion and destruction of normal tissue.

The term Major Cancer includes, but is not limited to, leukemia, lymphoma and sarcoma.

Major Cancer diagnosed on the basis of finding tumour cells and/or tumour-associated molecules in blood, saliva, faeces, urine or any other bodily fluid in the absence of further definitive and clinically verifiable evidence does not meet the above definition.

For the above definition, the following are excluded:

- All tumours which are histologically classified as any of the following:
Pre-malignant;
Non-invasive;
Carcinoma-in-situ (Tis) or Ta;
Having borderline malignancy;
Having any degree of malignant potential;
Having suspicious malignancy;
Neoplasm of uncertain or unknown behaviour; or
All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL) and intra epithelial neoplasia;
- Any non-melanoma skin carcinoma, skin confined primary cutaneous lymphoma and dermatofibrosarcoma protuberans unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All Prostate cancers histologically described as T1N0M0 (TNM Classification) or below; or Prostate cancers of another equivalent or lesser classification;
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- All Neuroendocrine tumours histologically classified as T1N0M0 (TNM Classification) or below;
- All tumours of the Urinary Bladder histologically classified as T1N0M0 (TNM Classification) or below;
- All Gastro-Intestinal Stromal tumours histologically classified as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below;
- Chronic Lymphocytic Leukaemia less than RAI Stage 3;
- All bone marrow malignancies which do not require recurrent blood transfusions, chemotherapy, targeted cancer therapies, bone marrow transplant, haematopoietic stem cell transplant or other major interventionist treatment; and
- All tumours in the presence of HIV infection.

2. Heart Attack of Specified Severity

Death of heart muscle due to ischaemia, that is evident by at least three of the following criteria proving the occurrence of a new heart attack:

- History of typical chest pain;
- New characteristic electrocardiographic changes; with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block;
- Elevation of the cardiac biomarkers, inclusive of CKMB above the generally accepted normal laboratory levels or Cardiac Troponin T or I at 0.5ng/ml and above;
- Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. The imaging must be done by Cardiologist specified by the Company.

For the above definition, the following are excluded:

- Angina;
- Heart attack of indeterminate age; and
- A rise in cardiac biomarkers or Troponin T or I following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Explanatory note: 0.5ng/ml = 0.5ug/L = 500pg/ml

3. Stroke with Permanent Neurological Deficit

A cerebrovascular incident including infarction of brain tissue, cerebral and subarachnoid haemorrhage, intracerebral embolism and cerebral thrombosis resulting in permanent neurological deficit. This diagnosis must be supported by all of the following conditions:

- Evidence of permanent clinical neurological deficit confirmed by a neurologist at least 6 weeks after the event; and
- Findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques consistent with the diagnosis of a new stroke.

The following are excluded:

- Transient Ischaemic Attacks;
- Brain damage due to an accident or injury, infection, vasculitis, and inflammatory disease;
- Vascular disease affecting the eye or optic nerve;
- Ischaemic disorders of the vestibular system; and
- Secondary haemorrhage within a pre-existing cerebral lesion.